

U.S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

FILED

U. S. DISTRICT COURT
EASTERN DISTRICT OF MO
ST. LOUIS

- VS -

Case No. 4:16 cv 819 JMB
(To be assigned by Clerk
of District Court)

Amended

COMPLAINT

- I. State the grounds for filing this case in Federal Court (include federal statutes and/or U.S. Constitutional provisions, if you know them):

II. Plaintiff, CORYESHA DAVIS resides at
5455 Helen AVE, ST. LOUIS, ST. LOUIS
street address city county
Missouri, 63136, 314-327-0894
state zip code telephone number

(if more than one plaintiff, provide the same information for each plaintiff below)

III. Defendant, John Cochran and medical Physician lives at, or its business is located at
_____, _____, _____
street address city county
_____, _____
state zip code

(if more than one defendant, provide the same information for each defendant below)

- IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

The John Cochran VA Medical Center failed to treat me the proper way when I told everything that was wrong with me to my Primer Mental health Physican. The Physican did not assit with give me farth help, ~~which he did not he did~~ like try to give me x-Rays of my Pain area ~~at that he try was~~ or anything that can help see what is cause Pain to me. All he suggest what up my dose on my medication which I beleve were cause me more pain. Also ~~the did provide~~ Another physican to After the fact my body was healing. After serval attempt of try different medicans, which I beleve has cause a

more of a brain malfunction and pain AND scares to my legs and thighs such as ~~electrical shocks~~ to my

- IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

John Cochran and the medical
Physician (hospital)
Still haven't seek treat for me.
Doctor Ranjit Ram

I have been Report my
Pain and Scare prombles to
the From February 25, 2016
to JUNE 30, 2016 -

At this point my body started
the healing process on it on after
try to stop take medications.

V. Relief: State briefly and exactly what you want the Court to do for you.

VI. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☒

NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

All they can give to me

VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES ☒

NO ☐

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of JUNE, 2016

Coretta Davis
Signature of Plaintiff(s)